



## Sansad TV Special - Decoding Ayushman Bharat: A Beacon of Health & Hope

**For Prelims:** [Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana \(PM-JAY\)](#), [Universal Health Coverage \(UHC\)](#), [Health and Wellness Centres \(HWCs\)](#), [Non-Communicable Diseases \(NCDs\)](#), [Elderly](#), [Health Benefit Package \(HBP\)](#), [Household Consumption Expenditure Survey 2022-23](#), [The Comptroller and Auditor General \(CAG\)](#), [Regional Disparities](#), [Secondary and Tertiary Healthcare](#), [Ayushman Bharat Digital Mission](#).

**For Mains:** Significance of Ayushman Bharat Scheme for Providing Universal Health Coverage to People of India.

### Why in News?

Recently, the **Union Cabinet** decided to extend health coverage under the [Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana \(PM-JAY\)](#) to all senior citizens **aged 70 and above**, and is expected to benefit over **6 crore elderly** individuals across India.

- Senior citizens aged **70 and above** will now receive free hospital treatment along with the issuance of the **Ayushman Vaya Vandana Card**.

### AB-PMJAY Scheme for Senior Citizens

- **Eligibility:**
  - **Age:** All senior citizens aged 70 or above are eligible, **regardless of their economic status**.
  - **Aadhaar Requirement:** Aadhaar-based **e-KYC** is mandatory for enrolment.
- **Benefits:**
  - **Health Coverage:** Free medical treatment up to Rs 5 lakh per family annually (over and above Rs 5 lakh coverage of PM-JAY).
  - **No Income Restrictions:** Senior citizens are eligible irrespective of their income.
  - **Immediate Access:** Coverage starts immediately upon enrolment, with no waiting period.
  - **Dual Coverage:** Senior citizens can receive PM-JAY benefits even if they have private health insurance.
  - **Exclusive Choice:** Government retirees must choose between their existing scheme (e.g., CGHS) and PM-JAY, as dual benefits are not allowed.

### What is the PM-JAY Scheme?

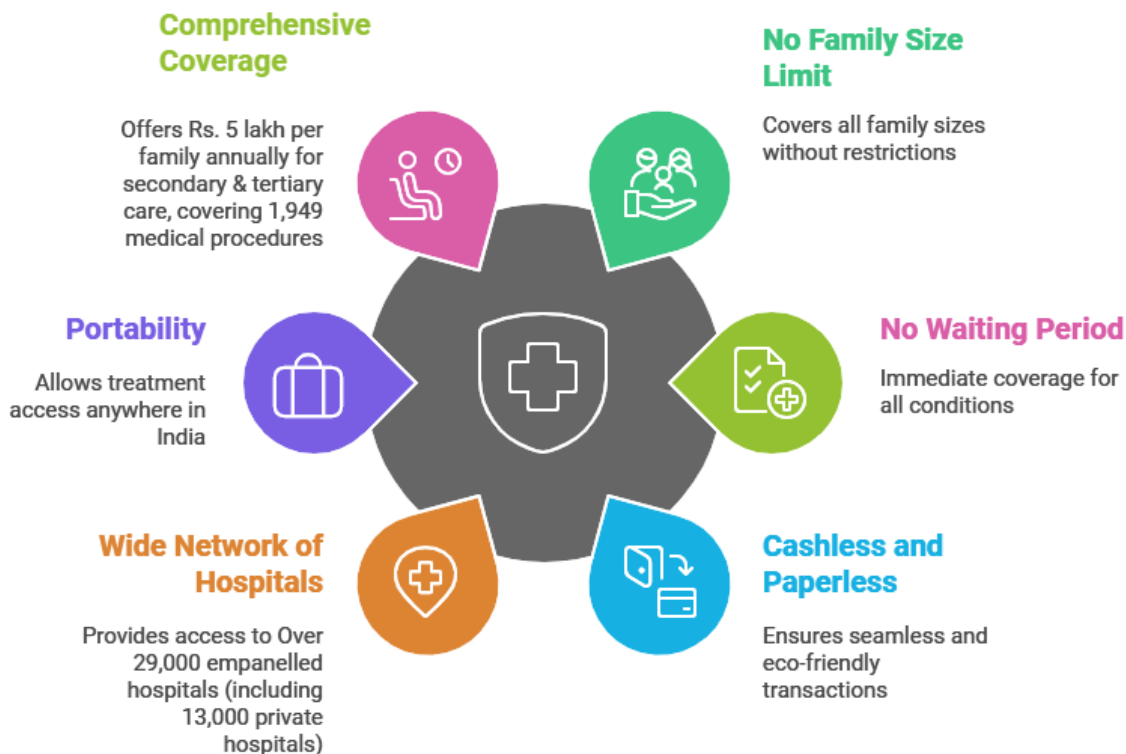
- **About Ayushman Bharat:** Launched in **September 2018**, **Ayushman Bharat** is India's flagship health initiative aimed at achieving Universal Health Coverage (UHC).
  - It focuses on providing **financial protection** for healthcare services to vulnerable

populations.

- **Components of Ayushman Bharat:** It includes two primary components: [Health and Wellness Centres \(HWCs\)](#) and **Pradhan Mantri Jan Arogya Yojana (PM-JAY)**.
  - **Health and Wellness Centres (HWCs):** HWCs aim to provide **Comprehensive Primary Health Care (CPHC)** services to communities.
    - [Ayushman Arogya Mandirs \(AAMs\)](#), formerly **Ayushman Bharat Health and Wellness Centres (AB-HWCs)**, aim to provide comprehensive healthcare, including preventive, promotive, curative, rehabilitative, and palliative care.
    - 1,50,000 AAMs will offer universal, free primary healthcare.
    - These centers are designed to address **preventive, promotive, and curative** care needs by offering **free consultations, medicines, and diagnostic services** for maternal and child health, [non-communicable diseases \(NCDs\)](#), and other health concerns.
    - The initiative focuses on bringing healthcare closer to the people, ensuring **equity** and **accessibility** for all.
  - **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** It provides **Rs. 5 lakh per family per year** for **secondary** and **tertiary care** hospitalization.
    - It is targeted at **12 crore vulnerable families** (approximately **55 crore beneficiaries**), covering the poorest 40% of the population.
    - The scheme is designed to address **catastrophic health expenditure** and prevent families from falling into poverty due to high medical costs.
    - PM-JAY is **fully government-funded**, with costs shared between the **Central and State Governments**. It allows beneficiaries to access care at both **public** and **private** empanelled hospitals across India.

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### Key Features of PM-JAY

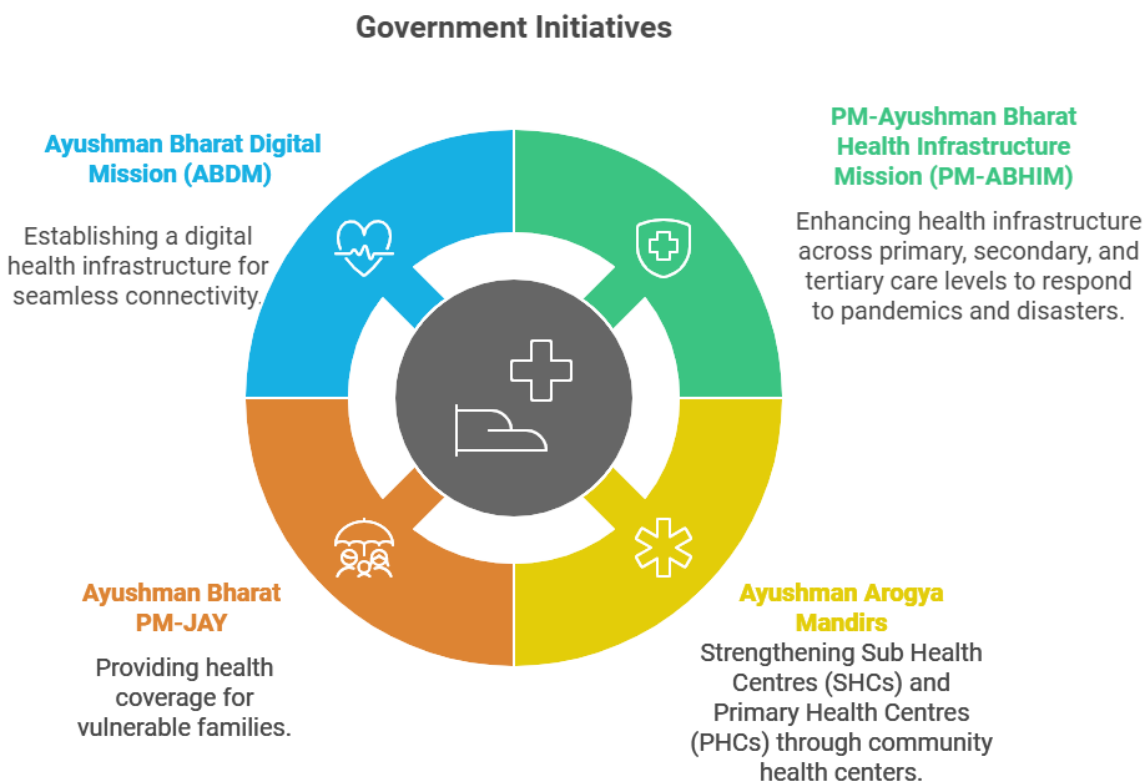


### What Benefits does PM-JAY Provide to Individuals and Families?

- **Reducing Financial Vulnerability:** PM-JAY has been availed by around **7.8 crore** beneficiaries in the past 6 years, thus preventing millions from being pushed into **poverty** due to **catastrophic health expenditures**.
  - With **Rs 5 lakh** coverage, the scheme meets most families' annual hospitalization needs,

ensuring access to critical care without the risk of debt.

- The share of **Out-of-Pocket Expenditure (OOPE)** in total health expenditure decreased from 62.6% to **47.1%** in 2019-20, indicating progress toward financial protection and **Universal Health Coverage** for citizens.
- **Empowering the Elderly:** A **major expansion** of PM-JAY in 2024 extended coverage to **all citizens aged 70 and above**, addressing the specific healthcare needs of the [elderly](#), who often face **chronic diseases** and [disabilities](#).
  - Unlike private insurers, PM-JAY does not impose **waiting periods** or exclusions for pre-existing conditions.
- **Increasing Access to Quality Healthcare:** PM-JAY connects over **29,000 empanelled hospitals** (including **13,000 private hospitals**) across **Tier 2** and **Tier 3 cities**, ensuring that even those in **remote areas** have access to quality healthcare.
  - Over **57% of hospital admissions** occur in private hospitals, showing the significant role the private sector plays in the scheme.
- **Gender Equity:** The scheme has positively impacted **gender equity, with 49% of Ayushman cards issued to women**, and over **3.61 crore hospital admissions** utilized by women. This ensures that women have equal access to life-saving healthcare services.
- **Strengthening Healthcare Delivery:** The [Health Benefit Package \(HBP\)](#) has been expanded and rationalized, increasing from **1,393 procedures in 2018 to 1,949 procedures in 2022**.
  - Differential pricing allows states to adjust for **regional variations** in healthcare costs.
- **Scientific Studies Backing PM-JAY's Impact:** A study based on data from the [Household Consumption Expenditure Survey 2022-23](#) shows that PM-JAY has significantly reduced **financial shocks** related to medical expenses for the bottom **50% of India's population**, improving **economic resilience**.



## PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

- The **Prime Minister Atmanirbhar Swasth Bharat Yojana** (PMASBY), now renamed [PM Ayushman Bharat Health Infrastructure Mission \(PM-ABHIM\)](#), was announced in the FY 21-22 Budget with an outlay of **Rs. 64,180 Cr** for six years (until FY 25-26). The scheme was approved by the Cabinet in **2021** and complements the [National Health Mission](#).
  - The mission aims to strengthen health systems at **primary, secondary, and tertiary** levels.

- It focuses on building an **IT-enabled disease surveillance system** with labs at various levels.
- The mission targets **pandemic preparedness** and effective response to public health emergencies.
- It includes increased research on infectious diseases, promoting the [One Health Approach](#) to tackle outbreaks in humans and animals.

## What are the Major Challenges of PM-JAY?

- **Fraudulent Claims and Data Management Issues:** [The Comptroller and Auditor General \(CAG\)](#) in 2023 reported irregularities such as patients receiving treatment after being declared dead, multiple beneficiaries linked to a single mobile number (e.g., 7.5 lakh beneficiaries linked to the single phone number 9999999999), and **Aadhaar** duplication.
  - The CAG reported that **Rs 12.32 crore** in penalties from 100 hospitals across nine states remain pending.
  - In **six States and UTs**, ineligible households were registered as **PMJAY** beneficiaries, with expenses ranging from **Rs 12,000** in Chandigarh to **Rs 22.44 crore** in Tamil Nadu. Additionally, in nine States and UTs, delays in processing of rejection cases ranged from 1 to 404 days.
  - These data points to lapses in the system toward fraud and misuse in the **PM-JAY**.
- **Healthcare Infrastructure Shortfalls:** Many public hospitals, particularly in rural areas, lack proper **infrastructure, equipment, and trained personnel**.
  - In several states, empanelled hospitals had **non-functional equipment** and **insufficient medical professionals**, undermining the quality of healthcare delivery.
- **State Non-Participation and Regional Disparities:** Key states such as West Bengal, Odisha, and Delhi have opted out of the scheme, citing their own health insurance programs.
  - This creates [regional disparities](#), where citizens in these states do not benefit from **Ayushman Bharat**, limiting the scheme's nationwide impact.
- **Unaddressed Indirect Costs for the Poor:** **Ayushman Bharat** focuses on direct healthcare costs, but indirect costs like transportation, loss of income, and post-hospitalization expenses are not covered, leaving poor beneficiaries still **financially vulnerable**.
- **Inadequate Primary Healthcare Support:** The scheme focuses more on [secondary and tertiary healthcare](#), while primary healthcare remains underdeveloped.
  - **Health and Wellness Centres (HWCs)**, intended to address primary care, are often under-resourced, needing more investment to strengthen preventive and basic healthcare services.
- **Limited Outreach and Awareness:** Many eligible beneficiaries are **not well-informed** about the scheme or face hurdles during enrollment due to limited administrative infrastructure.
  - This results in millions of deserving citizens being excluded from the benefits, especially in remote areas.
- **Weak Monitoring and Control Mechanisms:** There is **insufficient monitoring** of private hospitals, some of which **demand upfront payments**, defeating the cashless nature of the scheme.
  - Additionally, overuse of drugs and fraudulent claims necessitate better surveillance and checks to curb misuse.

## Way Forward

- **Strengthening IT Systems and Fraud Prevention:** Implement **advanced data validation** tools to detect anomalies like duplicate Aadhaar entries and invalid mobile numbers.
  - **Enforce penalties** for fraudulent claims and enhance **multi-factor authentication** (e.g., Aadhaar, biometrics) for beneficiary verification.
  - Establish a **fraud detection unit** within the **National Health Authority (NHA)** to monitor irregularities and ensure swift corrective actions.
  - The [Ayushman Bharat Digital Mission](#) which aims at providing **digital health IDs**, enabling seamless access to health records for hospitals and insurance firms, streamlining

healthcare delivery and claims processing can help in enhancing benefits of the PM-JAY scheme.

- **Enhancing Healthcare Infrastructure and Capacity:** Prioritize **rural healthcare infrastructure upgrades**, including equipment, services, and recruitment of skilled professionals.
  - Promote [public-private partnerships \(PPPs\)](#) to address gaps in healthcare access while ensuring accountability.
- **Bridging State Non-Participation and Regional Disparities:** Engage **non-participating states** (e.g., West Bengal, Odisha) through dialogue and offer incentives to integrate their health programs with **PM-JAY**.
  - Adjust policies to meet **state-specific needs**, making the scheme more flexible and appealing.
- **Addressing Indirect Costs for the Poor:** Introduce provisions to cover indirect costs like transportation, income loss, and post-hospitalization expenses.
  - Create **community health funds** or micro-insurance schemes to assist poor beneficiaries in managing these costs.
  - The **National Health Claims Exchange (NHCX)** should be strengthened to improve fraud detection and streamline claims settlements.
- **Strengthening Primary Healthcare Support:** Boost funding for **Health and Wellness Centres (HWCs)** to improve infrastructure, supply essential medicines, and strengthen preventive care and early diagnosis services.
- **Expanding Outreach and Awareness:** Launch **awareness campaigns** in underserved areas using **technology, mobile apps, and door-to-door outreach** to inform eligible beneficiaries.
  - Simplify **enrollment processes** and enhance administrative capacity for better scheme access.
- **Improving Monitoring and Control Mechanisms:** Conduct **regular audits** of empanelled hospitals to prevent fraud and ensure compliance with the scheme's guidelines.
  - Strengthen **real-time fraud detection** systems and improve **grievance redressal** to address beneficiaries' issues efficiently.

## UPSC Civil Services Examination, Previous Year Question (PYQ)

### ***Prelims:***

**Q. With reference to National Rural Health Mission, which of the following are the jobs of 'ASHA', a trained community health worker? (2012)**

1. Accompanying women to the health facility for antenatal care checkup
2. Using pregnancy test kits for early detection of pregnancy
3. Providing information on nutrition and immunization.
4. Conducting the delivery of baby

**Select the correct answer using the codes given below:**

- (a) 1, 2 and 3 only
- (b) 2 and 4 only
- (c) 1 and 3 only
- (d) 1, 2, 3 and 4

**Ans: (a)**

### ***Mains:***

**Q. Public health system has limitations in providing universal health coverage. Do you think that private**

sector could help in bridging the gap? What other viable alternatives would you suggest?(2015)

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